

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037176

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2620

STATE FILE NUMBER

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLAYTON

Length of stay in lb

2 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS COUNTY HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. LOUIS

c. CITY
OR TOWN

HAZELWOOD

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

187 FAIRVIEW

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mabel G. Pugh

4. DATE
OF DEATH

Month

Day

Year

Sept. 8 1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-20-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE

10b. KIND OF BUSINESS OR INDUSTRY

MCDONNELL AIRCRAFT

11. BIRTHPLACE (City and state, or country)

POTOSI, MO

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

JOHN GOSE

13b. MOTHER'S MAIDEN NAME

unk.

14. NAME OF HUSBAND OR WIFE

Wm. PUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ALBERT J. PUGH - 7855 N. LINDBERGH

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Dehydration

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic Brain Syndrome

DUE TO (c)

Generalized Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 6, 1962

to Sept 8, 1962 and last saw her alive on Sept 8, 1962

Death occurred at 6:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. M. M. M.D.

(Degree or title)

22b. ADDRESS

601 So. Brentwood, Clayton 5, Mo.

22c. DATE SIGNED

9/9/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

9-11-62

23c. NAME OF CEMETERY OR CREMATORY

ST MARY'S

23d. LOCATION (City, town, or county)

ST LOUIS Co. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

BAUMANN BROS. OVERLAND, MO

25. DATE RECD. BY LOCAL REG.

9-10-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No.

3454

P. O. Address

St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.